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To:

Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN AUTO DORAL COLLISION INC

| Certificate of Status | 0 | | |
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Electronic Filing Menu Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

| Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OPFICE BOX) | per of Corporation (if known) | |
|--|---|---|
| Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OPFICE BOX) | • | on adopts the following amendment(s): |
| A. If amending name, enter the new name of the corporation AUTO DORAL COLLISION INC Incommendation of the designation "Corp." "Inc." or "Co" "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OPFICE BOX) | this Fiorida Profit Corporatio | on adopts the following amendment(s) |
| AUTO DORAL COLLISION INC name must be distinguishable and contain the word "corporation, "inc.," or Co.," or the designation "Corp." "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P B. Eater new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) - Enter new mailing address, if applicable: (Muiling address MAY BE A POST OPFICE BOX) | | |
| "inc.," or Co.," or the designation "Corp." "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) - Enter new mailing address, if applicable: (Muiling address MAY BE A POST OPFICE BOX) | <u>u</u> | |
| Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OPFICE BOX) | . A professional corporation | The new- ed" or the abbreviation "Corp.," in name must contain the word |
| Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OPFICE BOX) | N/A | 7. 20 |
| (Mailing address <u>MAY BE A POST OPFICE BOX</u>) | | 100 |
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| the second to th | | ************************************** |
| If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr | ddress in Florida, enter the | name of the |
| Name of New Registered Agent N/A | <u> </u> | |
| Nume of New Negantered Apen | | |
| /Florida | street address) | |
| · | <i>-</i> | |
| New Registerea Office Address: | (City) | , Florida |
| | | |
| . D | | |
| ew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familla | <u>nt;</u> ir with and accept the obligati | ons of the position. |
| | | |
| | | |
| Signature of Mar | Projeting of Ament (Calabara) | |
| Signature of New | Registered Agent, if changing | ; |
| neck If applicable The amendment(s) is/are being filed pursuant to s. 607.G120 (11 | | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, maine, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently Jahn Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

| X Change | <u>79</u> | John Do | 29 | |
|-------------------------------|------------|----------|--------------|----------|
| X Remove | <u>v</u> | Mike Jo | upe <u>s</u> | |
| <u>X</u> Add | <u>\$Y</u> | Sally S: | pith | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | | _ | NONE | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove 3 1 Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | <u> </u> |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | - |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
|---|---|
| | |
| NONE | |
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| If an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A) | age, reclassification, or cancellation of issued shares, dinent if not contained in the amendment liself: |
| ONE | |
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| APRIL 17, 2024 |
|--|
| The date of each amendment(s) adoption: |
| Effective date if applicable: |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| by |
| (voting group) |
| APRIL 17, 2024 Dated |
| Signature Omar Ocamps |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Omar Clambo |
| (Typed or printed name of person signing) |
| OMAR OCAMPO |
| (Title of person signing) |